

FILING BY "EXPRESS MAIL" UNDER 37 CFR 1.10	Docket Number CL/V-32635A
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Address to: **MS: Patent Application**
 Commissioner for Patents
 PO Box 1450
 Alexandria, VA 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL AND FEE SHEET

Transmitted herewith for filing under 37 CFR §1.53(b) is the utility patent application of

Applicant (or identifier): **QIU ET AL.**

Title: **LBL- COATED MEDICAL DEVICE AND METHOD FOR MAKING
 THE SAME**

Enclosed are:

1. ☒ Specification (Including Claims and Abstract) - 37 pages
2. ☐ Drawings - sheets
3. ☒ Executed Declaration and Power of Attorney (original or copy)
4. ☐ Microfiche Computer Program (appendix)
5. Nucleotide and/or Amino Acid Sequence Submission
 - ☐ Computer Readable Copy
 - ☐ Paper Copy
 - ☐ Statement Verifying Identity of Above Copies
6. ☐ Preliminary Amendment
7. ☐ Assignment Papers (Cover Sheet & Document(s))
8. ☐ English Translation of
9. ☒ Information Disclosure Statement
10. ☒ Certified Copy of Priority Document(s)
11. ☒ Return Receipt Postcard
12. ☒ Other: 1449

Filing fee calculation:

- ☐ Before calculating the filing fee, please enter the enclosed Preliminary Amendment.
☐ Before calculating the filing fee, please cancel claims

Basic Filing Fee						\$	750
Multiple Dependent Claim Fee (\$ 280)						\$	
Foreign Language Surcharge (\$ 900)						\$	
	For	Number Filed		Number Extra		Rate	
Extra Claims	Total Claims	30	-20	10	x	\$ 18	= \$ 180
	Independent Claims	2	-3	0	x	\$ 84	= \$
TOTAL FILING FEE						\$	930

- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis in the amount of \$930. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be

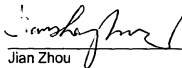
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Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (678) 415-3068.

Respectfully submitted,


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Date: September 3, 2003